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UNFPA

# UNITED NATIONS POPULATION FUND
# PROPOSED PROGRAMMES AND PROJECTS

## Recommendation by the Executive Director
## Assistance to the Government of Sri Lanka
## Support for a comprehensive population programme

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| Proposed UNFPA assistance: | $6 million, of which $5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. |
| Estimated value of the Government's contribution: | To be determined |
| Duration: | Five years |
| Estimated starting date: | January 1992 |
| Executing agencies: | Government of Sri Lanka<br>United Nations and United Nations agencies and organizations<br>National and international non-governmental organizations (NGOs) |
| Government coordinating agency: | Population Division of the Ministry of Health and Women's Affairs |

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# SRI LANKA

Demographic facts

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|---|---|
| Population Total (000) | |
| Total | 17,217 |
| Males | 8,639 |
| Females | 8,579 |
| Sex ratio (/100 females) | 100.7 |
| Urban | 3,679 |
| Rural | 13,539 |
| Per cent urban | 21.4 |
| Population in year 2000 (000) | 194.6 |
| Functional age groups (%) | |
| Young child: 0-4 | 10.5 |
| Child: 5-14 | 22.1 |
| Youth: 15-24 | 18.9 |
| Elderly: 60+ | 8.0 |
| 65+ | 5.2 |
| Women: 15-49 | 26.5 |
| Median age (years) | 24.2 |
| Dependency ratios: total | 60.7 |
| (/100) Aged 0-14 | 52.4 |
| Aged 65+ | 8.3 |
| Agricultural population density (/hectare of arable land) | 9.48 |
| Population density (/sq. km.) | 262 |
| Average annual change (000) | |
| Population increase | 224 |
| Births | 368 |
| Deaths | 103 |
| Net migration | -39 |
| Annual population total (% growth) | 1.26 |
| Urban | 2.19 |
| Rural | 1.00 |
| Crude birth rate (/1000) | 20.7 |
| Crude death rate (/1000) | 5.8 |
| Net migration rate (/1000) | -2.3 |
| Total fertility rate (/woman) | 2.47 |
| Gross reproduction rate (/woman) | 1.21 |
| Net reproduction rate (/woman) | 1.15 |
| Infant mortality rate (/1000) | 24 |
| Life expectancy at birth (years) | |
| Males | 69.5 |
| Females | 73.8 |
| Both sexes | 71.6 |
| GNP per capita (U.S. dollars, 1989) | 430 |

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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# I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6 million, of which $5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Sri Lanka in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the Fund's fourth country programme since 1971.

2. The proposed programme is based on: (a) the Government's priorities and strategy as formulated in the 1990-1994 Public Investment Plan and the 1990-1994 Medium-Term Plan of the Family Health Programme; (b) the findings and recommendations of the 1990 Programme Review and Strategy Development (PRSD) exercise; and (c) further extensive discussions with representatives of concerned ministries, NGOs, universities, agencies of the United Nations system and other donors. For maximum effectiveness, the activities to be undertaken in this programme would be developed and executed, where possible, in close dialogue and cooperation with UNFPA's partners in the Joint Consultative Group on Policy (JCGP).

3. The broad objective of the proposed UNFPA programme would be to assist the Government in achieving its main goal of reaching a stable population by the middle of the next century through limiting population growth to replacement-level fertility by the year 2000. The specific objectives would be: (a) to improve the quality and quantity of maternal and child health and family planning (MCH/FP) service delivery; (b) to strengthen the national capacity to sustain a national family planning programme; (c) to increase knowledge on population and family planning issues especially among youth and young adults; (d) to improve national capacity to effectively identify and coordinate needs in training, as well as to determine priorities for population policy-oriented research and to process and disseminate vital statistics; and (e) to help further integrate Sri Lankan women into mainstream national population and development activities.

4. The strategies proposed to achieve these objectives are as follows: (a) make use of the "cafeteria" approach (i.e., providing as wide a selection of contraceptives as possible) as the major strategy to increase use of modern temporary contraceptive methods; (b) focus on meeting the needs of underserved sectors of the population such as those in fisheries, plantations and Colombo's slums, where fertility and mortality and morbidity rates are higher than the national average; (c) develop a comprehensive IEC strategy aimed at the following target groups: (i) future contraceptors such as youth and young adult men and women in underserved sectors; (ii) decision makers at the national and provincial levels, to increase their awareness, knowledge and sensitivity on population issues; and (iii) health staff, to help improve service delivery; (d) establish a coordinating committee to attain the objectives in paragraph 3(d) above; and (e) adopt a multisectoral approach consisting of specific, strategic interventions in health, education and employment aimed at enhancing opportunities, especially for women in underserved sectors, to better themselves socially and economically.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have

the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so (para. 14 (f)).

## II. BACKGROUND

6. Demographic trends. Although Sri Lanka's population growth rate of 1.26 per cent compares well with that of most other developing countries, it is the third most densely populated developing country in Asia. It also has one of the highest agricultural population densities in the region. Its 262 people per square kilometre and 9.48 people per hectare of arable land are placing increasing pressure on the environment, and there is a growing imbalance between people, resources and the environment. This imbalance will become more acute in the coming decades as the island's estimated 17.2 million population continues to grow before stabilizing at some 24 million by the year 2040. The additional 6.8 million people, a projection that assumes reaching replacement-level fertility by the year 2000, will have grave consequences on an island that is already seriously overpopulated and suffering from the consequent environmental deterioration.

7. Successful interventions in the population field in the past several decades have resulted in dramatic reductions in fertility and mortality levels throughout the country (see demographic data sheet on p. 2 for current United Nations projections). However, large disparities in fertility and mortality rates persist among different subgroups of the population, notably those in the fishery and plantation sectors as well as those living in Colombo's slum areas. Estimates show, for example, that whereas the total fertility rate nationwide was 2.47 in 1990, the rate per district ranged from 2.3 to 5.0 in the early 1980s. Similar disparities exist among districts for infant and maternal mortality.

8. Despite advanced social policies that helped produce high levels of literacy, education and life expectancy and low levels of mortality for women, women still face important societal constraints. For example, whereas women participate very actively and often at a high level in the development of the country, they have somewhat limited career opportunities in the low- and medium-paid professions. Moreover, a large number of women still assume a subordinate role to men, particularly in rural areas, and thus have very little influence in making decisions concerning them and their families. Although generally not discriminated against by the legal system, women often do not know their legal rights or how to benefit fully from such rights either in the home or in the work place.

9. Other significant demographic trends for the 1990s include: (a) an increase in the youth population (15-24 years of age) from the current estimate of 3.25 million to more than 3.6 million; (b) an increase in absolute numbers of women in the reproductive ages, from an estimated 4.5 million to 5.2 million, or a 2 per cent increase in the proportion of such women in society; and (c) a likely decrease in the rate of out-migration.

10. For decades, Sri Lanka has placed great emphasis on its social development. The country's highly developed health and education sectors were the basis for the success of its family planning programmes, which started in 1958 with support from the Swedish International Development Authority (SIDA). However, civil disturbances, starting in 1983 and culminating in rebellion in 1988-1989, paralyzed the country almost totally. The resulting exodus of skilled staff, loss of motivation, and damage to infrastructure caused the family planning programme to lose momentum. The programme also suffered from a decrease of financial and human resources, which were channeled into the apparently successful effort to restructure the economy.

11. With the recent partial solution of the political problems and with the prospects of improved economic performance, the Government is gradually returning the population issue to the national agenda. The

National Population Coordination Committee, presided over by the Secretary of the Ministry of Health and Women's Affairs, has been revived, and family planning and population issues are once again being regularly discussed at the meetings of the National Health Council, which is chaired by the Prime Minister. Population goals again figure prominently in the country's development plans, and reaching replacement-level fertility by the year 2000 is the main population objective of the 1990-1994 Public Investment Plan. The Population Division, formerly situated in the Ministry of Plan Implementation and now within the Ministry of Health and Women's Affairs, is the focal point for all population activities and is recognized as such by all parties concerned.

## III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA has been an early and consistent partner of the Government of Sri Lanka in its efforts to moderate population growth. Since 1971, UNFPA has provided approximately $19 million for population activities in Sri Lanka, starting with small-scale projects in 1971 and 1972, then signing an agreement with the Government for the Fund's first country programme in 1973. The proposed country programme for 1992-1996 would be the Fund's fourth in Sri Lanka.

13. In the first years of assistance, UNFPA's activities emphasized awareness creation; from 1980 onwards, family planning service delivery became the core of the programme. In support of improved service delivery, UNFPA continued to assist awareness creation and sensitization activities to support demographic training, data collection and research.

14. UNFPA's assistance has made an important contribution to the relative success of the Government's population programmes. Over the 10-year period from 1978 to 1987, UNFPA's inputs have played a considerable role in increasing contraceptive prevalence from 34 per cent in 1978 to 62 per cent in 1987 and in reducing the birth rate from 28.7 per 1,000 population to 21.3 and maternal mortality from 60 per 100,000 live births to 50 in 1985.

15. UNFPA has made extensive use of NGOs, which have played an important role in Sri Lanka's population programmes. The Fund has, among other things, helped organize training courses for their staffs, assisted them in developing IEC materials, and supplied them with equipment as well as contraceptives. Although coordination of activities between the Government and NGOs, as well as among NGOs themselves, has not always been optimal, UNFPA has good working relations with both and thus is well placed to help improve such coordination in the future.

Maternal and child health and family planning

16. The procurement of contraceptives has been an important part of UNFPA's assistance to Sri Lanka with about 50 per cent of the total funds having been used for this purpose. Such assistance increased in recent years as UNFPA responded to the growing need for modern temporary methods which accompanied the shift in the country's family planning programme after 1987 away from sterilization to the cafeteria approach.

17. As part of the country's efforts to strengthen family planning service delivery, UNFPA assistance helped: (a) to train over 4,500 medical personnel from different categories, including, inter alia, public health nurses in IUD insertion and the use of injectables; (b) to renovate and equip operating rooms in 130 hospitals; and (c) to strengthen governmental units responsible for monitoring and evaluating MCH/FP service delivery.

The Fund also supported similar activities in training and evaluation specifically tailored to meet the needs of the plantations where, for a variety of reasons, health indicators were far below the national average. As shown by recent statistical data in this sector, this assistance has been instrumental in improving such health indicators.

Information, education and communication

18. UNFPA has assisted the Government in its efforts to include motivational activities in its population programme. Awareness creation and motivational activities for potential family planning users have also been undertaken through different channels such as the Ministries of Plan Implementation, of Health and Women's Affairs, of Labour, and of Plantations, as well as women's groups and NGOs, among others.

19. Subjects related to human reproduction and family planning have been incorporated into the curricula of the Medical Faculties of the Universities of Colombo and Peradeniya since the end of the 1970s. In addition, population education, although ready for updating, has a well-established place in the curriculum of the Sri Lanka school system. In the past, UNFPA funded the introduction of family life education in the school curriculum as a pilot project. This was not successful, however, mainly because at the time it was introduced the subject matter was still considered to be too sensitive and was consequently given a cursory and indirect treatment.

20. The Population Information Centre, established under the UNFPA second country programme (1982-1985) and at present functioning very satisfactorily, collects and disseminates information in order to create awareness among policy makers. The devolution of many government functions to the provinces necessitates providing decision makers at the provincial level with adequate and accurate information on population issues. This implies a more active role for the Population Information Centre, including action-oriented research which it has recently added to its already wide scope of activities.

21. Although these IEC activities have resulted in a generally high level of awareness on population issues, there remains a large subgroup (youth) of the population which is insufficiently informed on responsible reproductive behaviour and which will therefore be addressed in the proposed programme.

Data collection and analysis, and population dynamics

22. UNFPA's assistance in these areas has consisted of providing international expertise in the field of demographic analysis and data processing as well as fellowships abroad for a number of national staff; such expertise was used, inter alia, to help with the conduct and analysis of the 1980 census, for which equipment was also provided. In addition, UNFPA assisted the University of Colombo in providing demographic and population training through the establishment of the Demographic Training and Research Unit (DTRU). This Unit also received UNFPA assistance to conduct research as well as to organize training courses for such professional groups as teachers and government officials. However, of the four staff members who received their Ph.D.s with UNFPA support, three have left the country; a fifth fellow is currently pursuing a Ph.D. course in Australia. As an educational unit the DTRU functions well; however, the unit's various research activities have not yielded the expected results. The reason is that there has been little demand generated among potential users of research results since the types of research undertaken were academic- rather than policy-oriented.

23. Although valuable data are collected in abundance in Sri Lanka, processing these data poses problems. As a result, large quantities of important vital data which are stored with the Registrar-General's Office remain unused or underutilized.

Women, population and development

24. Unlike their counterparts in most other developing countries, Sri Lankan women have high literacy and education rates and often occupy leading positions in the development of their country. The generally high status of women is one reason why UNFPA has not funded many activities in the past specifically targeted at women. Although women's concerns have been well taken into account and women's organizations used wherever appropriate in past IEC activities, such efforts have not had a significant impact on the status and role of women in such underserved sectors of the population as fisheries, plantations and Colombo slums.

Special programmes

25. UNFPA also recently approved a pilot project to help educate young female employees from rural areas to adjust to the new social and economic conditions of the Free Trade Zone where 40,000 girls live and work. The objective is to convince employers that such young girls can become a more efficient labour force if they are given proper orientation and better living conditions, including adequate information on and access to reproductive health services.

Other external assistance

26. Other donors have also played and still play an important role in Sri Lanka's population programme. The most important in recent years have been the World Bank, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), and the United States Agency for International Development (USAID). As noted above, SIDA had been instrumental in getting family planning activities off the ground.

27. World Bank assistance encompasses three components: (a) management improvement, which is focused on the need to develop an overall population strategy and to integrate it into all sectors; (b) service delivery, which includes, inter alia, research into developing a possible pricing structure of family planning services and contraceptives, training of traditional practitioners, renovation of clinics and supply of equipment; and (c) IEC activities, in particular the review of existing and production of new IEC materials, creation of awareness among those in the mass media, and training of volunteers in IEC interpersonal communication techniques and in counselling. Coordination between the World Bank and UNFPA programmes is facilitated by the fact that both programmes are coordinated by the same office, namely the Population Division.

28. The major courses of action with regard to population in UNICEF's country programme for 1992 to 1996 are to consolidate and sustain child survival, part of which will be the promotion of Safe Motherhood, and to promote the healthy growth and development of children. UNICEF's country programme stresses the need to focus its assistance on "pockets" of low coverage, which, by virtue of need, are the same underserved subgroups identified by UNFPA and which therefore will facilitate close coordination between the two organizations. UNDP's activities with regard to population are its involvement in the AIDS prevention programme, in the planned (but postponed, because of the armed conflict) national census and in rural development activities in the Badulla district, an area UNFPA has identified as requiring immediate assistance.

29. USAID's contribution is focused on technical training and counselling, social marketing and the development of a population model which analyses the relationship between population factors and development through computer modelling techniques.

## IV. PROPOSED PROGRAMME 1992-1996

30. The objectives and strategies of the proposed programme are presented in paragraphs 3 and 4 above. The programme has been designed to complement and supplement the country's Family Health Programme, whose overall goal is to improve the health and well-being of the mother and the child and thereby improve the quality of life of the family. Two of its long-term objectives are: (a) to increase the practice of contraception among fertile couples in order to safeguard the health of the mother and child, and (b) to become an integral part of the national effort to reduce the rate of population growth to levels commensurate with planned economic and social development. The required strategic interventions, according to the programme's Medium-Term Plan, 1990-1994, are: (a) to improve accessibility of family planning services; (b) to disseminate appropriate information among adolescents on reproductive health and prepare them for planned parenthood; (c) to develop and strengthen IEC inputs needed for the active promotion of MCH/FP services in the community; and (d) to monitor the provision and utilization of MCH/FP services by the regular use of the existing information system.

31. The proposed programme has been formulated in light of the following lessons learned during the implementation of previous cycles of assistance. First, the shift of emphasis from sterilization to increased use of temporary methods of contraception has not been accompanied by requisite government budgetary allocations. The consequent reliance on donor agencies, particularly UNFPA, to meet the country's contraceptive requirements has tended to detract not only from the development of self-sufficiency but also from the serious consideration of cost-recovery schemes or the promotion of less-expensive temporary methods such as the intra-uterine device (IUD). Second, the success of the previous programme in specifically addressing the needs of the plantations has shown the effectiveness of focusing assistance on specific subgroups within the population, a strategy that would be applied in the next cycle to other problematic pockets/sectors such as fisheries and slum communities as well as to youth aged 15-24. Past experience has also shown that the quality of service delivery has suffered from the lack of regular training and supervision of the public health staff.

### Maternal and child health and family planning

32. The main objective of UNFPA assistance in this sector would be to increase contraceptive prevalence from 64 per cent to 72 per cent by the year 2000. This would mean adding some 400,000 more couples as users of modern contraceptive methods between now and the year 2000. The strategies followed to reach this objective would, by design, also help to diminish the geographic disparities in infant and maternal mortality.

33. The first strategy would be to support the cafeteria approach by continuing to supply contraceptives to the Government of Sri Lanka. However, in order to help the Government to gradually establish a self-sustaining family planning programme, UNFPA assistance in this area would be given on a declining scale. Thus, starting in 1992 UNFPA would gradually phase out its support to contraceptive supply by diminishing procurement every year by some 17 per cent.

34. The projected increase in contraceptive requirements and the consequent rise in costs signify a greater financial burden on the Government, a burden that will become heavier as UNFPA phases out its assistance

to contraceptive supply. Recognizing the seriousness with which Sri Lanka has implemented its family planning programme and considering its decisiveness in the pursuit of population goals, UNFPA proposes to assist the Government in achieving self-reliance through the following strategies: (a) sensitizing decision makers at central and provincial levels in order to strengthen their political commitment to population objectives and to translate this commitment into appropriate budget allocations and sufficient staffing; (b) developing a programme that emphasizes the use of more affordable modern temporary methods of contraception where appropriate (e.g., using the IUD in place of increasingly popular but expensive injectables) through training of personnel and support to IEC activities; (c) assisting in evaluations of government experiments in charging for contraceptives (such experiments will be based on the recommendations of the proposed research financed by the World Bank into cost-recovery schemes for family planning services); and (d) identifying other possible donors and helping to coordinate their participation in collaborative activities.

35. The second strategy would be to focus on improving the delivery of MCH/FP services to disadvantaged socio-economic subgroups or sectors such as, among others, the plantation and fishery sectors as well as Colombo's slum areas. UNFPA would assist the Government in developing, providing and updating high-quality training for medical and paramedical personnel; in equipping MCH/FP centres; and, within limited possibilities, in reconstructing and re-equipping family planning facilities. Assistance would also be provided to strengthen the supervision, monitoring and evaluation of service delivery, primarily through training. UNFPA would also seek to improve service delivery by continuing to provide assistance to NGOs for their work at the grass-roots level.

36. Although the problem of sub-fertility constitutes a relatively minor part of the family planning programme, UNFPA would provide assistance to meet the modest needs in this area, albeit on an ad hoc basis.

37. The shift away from sterilization to modern temporary contraceptive methods will require considerable funds, especially in view of the projected increase in the number of women of reproductive age. Under the proposed programme, UNFPA assistance in this sector would be $3.5 million, of which $500,000 would be sought from other sources, including multi-bilateral sources. It is proposed that $2.5 million be earmarked for contraceptive supplies.

Information, education and communication

38. The objective of UNFPA assistance in this sector would be to provide government and non-government officials, health personnel and the public with the information they need to realize the objectives of the population policy. UNFPA's assistance in this sector would complement the World Bank's information and communication programme, which is the core of its population programme in Sri Lanka. As such, UNFPA would focus its assistance on reaching underserved sectors of society where previous family planning programmes have not had an impact.

39. Awareness creation and sensitization of decision makers at central and provincial levels aimed at generating political support and bringing about needed, concrete policy changes is a necessary strategy, especially given the setback in the implementation of family planning programmes in recent years. With the devolution of many MCH/FP and other population-related activities to the provincial level, the demands for specifically-focused IEC activities have increased and are expected to grow considerably. UNFPA would continue to provide assistance to the Population Information Centre of the Population Division, to enlarge

the scope and improve the quality of its efforts to meet the information needs of civil servants and local administrators, public health officials, NGO staff, parliamentarians, and university instructors, among others. The Fund would also support the Centre in conducting action-oriented research in such areas as the impact of IEC activities. Coordination of such research will be facilitated by the fact that the Centre and the National Demographic Research Committee (which will be established during the proposed programme cycle -- see para. 44 below) are both located within the Population Division.

40. In order to promote greater awareness of population issues among Sri Lankan youth, UNFPA would support efforts to expand the in-school population programme by introducing family life education into the curriculum of primary and secondary schools. Based on the experience thereby acquired, family life education would also be introduced later to out-of-school youth programmes. Emerging issues such as AIDS, sexually transmitted diseases (STDs), population and the environment as well as gender concerns would be integrated into the family life education curriculum.

41. In order to help improve the quality and delivery of family planning services, the comprehensive IEC strategy would also focus on the training of public health staff in appropriate counselling techniques in the area of reproductive health. The core of the training programme would be in interpersonal communication skills. To ensure that medical personnel receive this important training, UNFPA would assist in introducing such a course in the general curricula of the Medical Faculty of the University of Colombo as well as the faculties of other institutions.

42. UNFPA proposes $1.5 million for this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

43. The objective of UNFPA assistance in this sector would be to help strengthen the national capacity to process data and disseminate information and to identify training needs and research requirements, as well as suitable institutions and appropriate personnel. The main activities would be to strengthen staff and upgrade facilities, expand existing institutions and adapt their functions in order to make them more responsive to the changing needs of the country's evolving population programme.

44. With the objective of optimizing the efficacy of policy-oriented demographic research and training, UNFPA would assist the Government in setting up within the Population Division a coordinating unit in which different organizations active in the field of demographic data collection will be represented. This unit, which would be called the National Demographic Research Committee, would be responsible for identifying needed policy-oriented research and the institutions most capable of carrying it out as well as for evaluating training needs and possibilities and naming suitable candidates for the appropriate programmes.

45. The timely release and effective processing of population data is indispensable for the effective integration of population factors into health and development planning. As part of the effort to strengthen the national capacity to perform such functions, UNFPA would provide assistance in the form of training and equipment to the Registrar-General's Office, so as to enable it to make better use of the enormous amounts of data it collects and stores. UNFPA would also support efforts to analyse the data collected during the upcoming census, to be undertaken with assistance from the Japan International Cooperation Agency (JICA) and UNDP.

46. Strengthening of national capacity also implies a strategy of continuous training and re-training of professional staff. One of the institutions to be supported is the Demographic Training and Research Unit of the University of Colombo. UNFPA assistance would be used to purchase additional equipment and to enable staff to participate in important technical seminars and workshops. The Fund would also support the DTRU in undertaking policy-oriented research, which would benefit from close collaboration with the newly created National Demographic Research Committee. In view of the devolution of administration to the provincial governments, UNFPA would strengthen the DTRU's training capacity to meet the needs of local administrators, in particular as regards integrating population variables into development planning.

47. UNFPA proposes the amount of $300,000 for assistance in this sector.

Women, population and development

48. The proposed programme of assistance would ensure that women's concerns are integrated into the strategies adopted for each sector. As stated earlier, women, especially those in the underserved sectors of society, would be the focus of messages and activities appropriately designed to enable them to participate more fruitfully in national population and development activities. A large part of these activities would take place at the grass-roots level and would involve women's NGOs.

49. UNFPA would provide assistance to undertake policy-oriented research on the causes of the high drop-out rates among females in school in such areas as plantations and the fisheries sector. Based on the findings and recommendations of this research, UNFPA would assist the Government in implementing specifically designed activities in one or more pilot areas. Research focusing on the high emigration rate of women from rural areas would also be supported.

50. In order to assist women in making full use of their legal rights, UNFPA would assist in the establishment of counselling facilities in the free trade zones to help female workers in diagnosing the social nature of their problems and to assist them in developing the skills needed to find or negotiate appropriate solutions, with special emphasis on population issues.

51. UNFPA proposes assistance in the amount of $600,000, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

52. A reserve of $100,000 would be set aside from UNFPA's regular resources to meet unforeseen needs that may arise.

Programme coordination

53. The Department of External Resources within the Ministry of Finance is the major agency responsible for coordinating technical assistance in Sri Lanka. In the actual implementation of population activities, UNFPA would continue to work very closely with the Population Division of the Ministry of Health and Women's Affairs. The task of programme coordination is facilitated by the fact that the Population Division also coordinates the IEC component of the World Bank's population programme. UNFPA would also continue to collaborate with the Family Health Bureau, which also implements the Family Planning Service Delivery Programme.

54. The proposed country programme has been developed in close cooperation with the Government, other agencies of the United Nations system, NGOs, and multilateral and bilateral donors, taking into account future and past activities. In order to strengthen programme coordination, UNFPA would continue to coordinate activities with the other members of the JCGP as well as with other donors through regular meetings with representatives of the individual organizations as well as through general biannual meetings. Coordination would be facilitated by the fact that UNFPA's fourth country programme coincides with the programme cycles of UNDP and UNICEF. It would also benefit from UNFPA's excellent working relationships with government agencies and with NGOs.

Programme monitoring, evaluation and management

55. Mechanisms for periodic monitoring and evaluation, including annual reviews, would be built into each programme component and conducted in accordance with standard UNFPA guidelines. A mid-term country review would be undertaken in 1994 or earlier, if deemed necessary. All these exercises would be undertaken by UNFPA in close collaboration with the country's Population Division and other organizations and agencies, where appropriate. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

56. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $6 million over the five-year period 1992-1996, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

| | UNFPA regular resources $ | Other resources $ | Total $ |
|---|---|---|---|
| Maternal and child health and family planning | 3,000,000 | 500,000 | 3,500,000 |
| Information, education and communication | 1,100,000 | 400,000 | 1,500,000 |
| Data collection and analysis | 300,000 | -- | 300,000 |
| Women, population and development | 500,000 | 100,000 | 600,000 |
| Programme reserve | 100,000 | -- | 100,000 |
| Total | 5,000,000 | 1,000,000 | 6,000,000 |

## V. RECOMMENDATION

57. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Sri Lanka in the amount of $6 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Sri Lanka and with the executing agencies.

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